B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

A. FIRST NOTIFICATION

Please go to the reverse of this form and provide the requested information.

					I.D FOR OFFICIAL USE ONLY	
					w	11
IX. DI	ESCRIPTION OF H	AZARDOUS WASTI	ES (continued from f	ront)		;
A. HAZ	ZARDOUS WASTES F		SOURCES. Enter the f	our-digit number from	40 CFR Part 261.31 fo	r each listed hazardous
	1	2	3	4 10 1	8	6
	F002					
	25 - 26	23 - 10	23 - 26	23 - 26	23 - 26	23 : 26
	17		Hill	10	111	12
B. HAZ	ZARDOUS WASTES F	ROM SPECIFIC SOUR	CES. Enter the four-d	igit number from 40 CF	R Part 261.32 for each	listed hazardous waste from
spec	ific industrial sources	your installation handles	. Use additional sheets	if necessary.		
	13	14	15	16	17	10
	23 - 26	23 - 26	23 - 26	23 - 26	23 : 26	23 - 26
	19	20	21	22	23	24
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	30
	Hill	Hill	Til	Hill		
C. CO	MMERCIAL CHEMICA	AL PRODUCT HAZARI	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.3	33 for each chemical sub-
stan	ce your installation ha	indles which may be a ha	azardous waste. Use add	ditional sheets if necessa	ary,	
	31	32	33	34	35	36
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
	37	38	39	40	41	42
	43	23 - 26	45	46	47	48
				TIT	Til	
	23 : 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.						
	49	50	81	52	53	54
	23 - 26	23 - 24	23 - 26	23 - 26	23 - 26	23 - 24
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)						
	1. IGNITAB		2. CORROSIVE	[]3. REAC	CTIVE	4. TOXIC (D000)
X. CERTIFICATION						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
SIGNA		. /		ICIAL TITLE (type or		DATE SIGNED
It I from I from TIN 14. I HWANG - PRES EASTERN CLEANERS INC 6/18/15						

EPA Form 8700-12 (6-80) REVERSE